EEOC Form 5 (5/01) Charge Presented to: CHARGE OF DISCRIMINATION Agency(ies) Charge No(s): This form is affected by the Privacy Act of 1974. See enclosed Privacy Act **FEPA** Statement and other information before completing this form. X EEOC and EEOC State or local Agency, if any Name (indicate Mr. Ms. Mrs.) Home Phone (Incl. Area Code) Date of Birth Anna Maria Croley (770) 629-2800 8/3/63 Street Address City, State and ZIP Code Fairburn, Georgia 7793 The Lakes Drive 30213 Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) Name Phone No. (Include Area Code) No. Employees, Members United Airlines (872) 825-4000 40,000+ Street Address City, State and ZIP Code Chicago, IL 233 South Wacker Drive Name No. Employees, Members Phone No. (Include Area Code) Street Address City, State and ZIP Code DISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest RETALIATION $\underline{X}\underline{X}$ AGE DISABILITY OTHER (Specify below.) XXXCONTINUING ACTION THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): My direct supervisor has fast tracked and targeted me for demotion and/or determination without just cause. All other employees in my unit are at least 11 years younger and all have received training. I have not. I have requested over the past 2 years and not been granted an opportunity to go to this two week training session. My boss has created a hostile work environment by publicly ridiculing me and speaking in a disparaging and personally disrespectful and unprofessional manner. Finally, I have received notice that I will be constructively discharged because I am requested to take a position not reflective of my educational and work experience and background. I am the only employee in my division with a college degree. All of the abovetreatment is motivated by race, age and gender. I want this charge filed with both the EEOC and the State or local Agency, NOTARY - When necessary for State and Local Agency if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in Requirements accordance with their procedures. I declare under penalty of perjury that the above is true and I swear or affirm that I have read Ne above marge and that it is true to the best of my kindle belief.

SIGNATURE OF COMPLANA MONTAN. correct. SUBSCRIBED AND SWORN TO BY COUNTY 11/1/16 Charging Party Signature **EXHIBIT**



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information
Last Name: Croley First Name: Anna MI:
Street or Mailing Address: 7793 The Lakes Drive Apt Or Unit #:
City: Fairburn County: Fulton State: GA ZIP: 30213
Phone Numbers: Home: (770) 629–2800 Work: (678) 763–9346
Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com
Date of Birth: Sex: Male Female XX Do You Have a Disability? Yes XXNo
Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes XXNo
ii. What is your Race? Please choose all that apply. 🔲 American Indian or Alaska Native 🔲 Asian 🔲 White
Black or African American Native Hawaiian or Other Pacific Islander
iii. What is your National Origin (country of origin or ancestry)? USA
Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:
Name: Gilbert Croley Relationship: Husband
Address: 7793 The Lakes Drive City: Fairburn State: GA Zip Code: 30213
Home Phone: (770) 629-2800 Other Phone: (770) 298-3220
2. I believe that I was discriminated against by the following organization(s): (Check those that apply)
XX Employer Union Employment Agency Other (Please Specify)
Control (Trease openity)
Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.
Organization Name: United Airlines
Address: 233 S. Wacker Drive County:
City: <u>Chicago</u> State: <u>IL</u> Zip: Phone: (872) 825-4000
Type of Business: Airline Job Location if different from Org. Address: 3400 N. Inner Loop Rd; ATL
Human Resources Director or Owner Name: Mike Bonds Phone: (872) 825-6565
Number of Employees in the Organization at All Locations: Please Check (√) One
Fewer Than 15 15 - 100 101 - 200 201 - 500 XX More than 500
3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? Yes
Date Hired: 9/25/2000 Job Title At Hire: Airport Service Agent
Pay Rate When Hired: \$8.35/hr Last or Current Pay Rate: \$61,0000 annually
Job Title at Time of Alleged Discrimination. PErformance Supervisor Date Quit/Discharged: n/a
Name and Title of Immediate Supervisor: Chris Ward

Description of Treatment Promoted to my manager and his station has same metric

failures as Atlanta.

Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 4 of 15

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		
B. Full Name	Race, sex, agc, national origin, religion or disability	L.J. Tril.
	react, sex, age, national origin, religion or disability	Job Title
Description of Treatment		
Of the persons in the same or sin	nilar situation as you, who was treated the same as you?	
A. <u>Full Name</u> N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		
3. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		
on may o more than one disability	a are claiming discrimination based on disability. If not y. Please add additional pages if needed. Yes, I have a disability	
 Please check all that apply: What is the disability that you 	y. Please and additional pages if needed.	lid have one s me as if I am disabled
O. Please check all that apply: O. What is the disability that you r limit you from doing anything: I. Do you use medications, medications, medications.	Yes, I have a disability I do not have a disability now but I d No disability but the organization treat	lid have one is me as if I am disabled is st you? Does this disability preventions.
O. Please check all that apply: O. What is the disability that you r limit you from doing anything: O. Do you use medications, medical "Yes." No.	Yes, I have a disability I do not have a disability now but I dependent of the adverse action taken againg (e.g., lifting, sleeping, breathing, walking, caring for you call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment or anything else to lessen or eliminate the call equipment elements.	id have one is me as if I am disabled inst you? Does this disability preventions of your disability?
O. Please check all that apply: O. What is the disability that you r limit you from doing anything? I. Do you use medications, medical Yes No "Yes," what medication, medical Did you ask your employer for Yes No	Yes, I have a disability I do not have a disability now but I dependent of the reason for the adverse action taken againg (e.g., lifting, sleeping, breathing, walking, caring for you have a disability but the organization treated a believe is the reason for the adverse action taken againg (e.g., lifting, sleeping, breathing, walking, caring for you have a call equipment or anything else to lessen or eliminate the equipment or other assistance do you use? I any changes or assistance to do your job because of your same than the change of your same than the your same than t	lid have one is me as if I am disabled inst you? Does this disability preve inself, working, etc.). he symptoms of your disability? our disability?
O. Please check all that apply: O. What is the disability that you r limit you from doing anything? I. Do you use medications, medical Yes No "Yes," what medication, medical Did you ask your employer for Yes No	Yes, I have a disability I do not have a disability now but I dependent of the reason for the adverse action taken againg (e.g., lifting, sleeping, breathing, walking, caring for you real equipment or anything else to lessen or eliminate the equipment or other assistance do you use? How did you ask (verbally or in the adverse action taken againg for you are sequipment or anything else to lessen or eliminate the equipment or other assistance do you use?	lid have one is me as if I am disabled inst you? Does this disability preve inself, working, etc.). he symptoms of your disability? our disability?

How did your employer respond to your request?

13. Are there any witnesses to will say. (Please attach addition	the alleged discriminatory incidents? al pages if needed to complete your re	If yes, please identify them below and tell us what they esponse)
A. Full Name	Job Title	Address & Phone Number
Aman Mehrok	Manager CArgo	JFK (718) 709-0225
What do you believe this person	n will tell us?	
Not sure.		
B. Full Name	Job Title	Address & Phone Number
What do you believe this person	ı will tell us?	
14. Have you filed a charge pr	eviously in this matter with EEOC or	another agency? Yes NXX
15. If you have filed a complai	nt with another agency, provide name	of agency and date of filing:
questionnaire. If you would like about the discrimination, or withit where a state or local government within the time limits, you will lead	e to file a charge of job discrimination, yn 300 days from the day you knew about agency enforces laws similar to the EE lose your rights. If you would like mong the employer, union, or employment	to do with the information you are providing on this ou must do so either within 180 days from the day you knew it the discrimination if the employer is located in a place OC's laws. If you do not file a charge of discrimination re information before filing a charge or you have not agency about your charge, you may wish to check Box
Box 1 I want to talk to an E have not filed a charg	EOC employee before deciding whethe ge with the EEOC. I also understand t	r to file a charge. I understand that by checking this box, I hat I could lose my rights if I do not file a charge in time
understand that the E	EOC must give the employer, union, he charge, including my name. I also on race, color, religion, sex, national or	DEOC to look into the discrimination I described above. I or employment agency that I accuse of discrimination understand that the EEOC can only accept charges of job igin, disability, age, genetic information, or retaliation for
		Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are: 1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).

2. AUTHORITY, 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.

3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.

4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be

used to provide the requested information.

EEOC Form 5 (5/01)	
CHARGE OF DISCRIMINATION	Charge Presented to: Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	FEPA _X EEOC
	and EEOC
State or local Agenc	
Name (indicate Mr. Ms. Mrs.)	Home Phone (Incl. Area Code) Date of Birth
Anna Maria Croley	770) 629-2800 8/3/63
Street Address City, State and Zi	P Code
7793 The Lakes Drive Fairburn,	Georgia 30213
Named is the Employer, Labor Organization, Employment Agency, Appre	enticeship Committee, or State or Local Government Agency
That I believe Discriminated Against Me or Others. (If more than two, list	under PARTICULARS below.) Employees, Members Phone No. (Include Area Code)
110.1	,
Street Address City, State and Z	000+ (872) 825-4000
233 South Wacker Drive Chicago,	
· · · · · · · · · · · · · · · · · · ·	Employees, Members Phone No. (Include Area Code)
Street Address City, State and Z	P Code
DISCRIMINATION BASED ON (Check appropriate box(es).)	DATE(S) DISCRIMINATION TOOK PLACE
XX RACECOLOR XX SEX RELIGION NATIONAL (DRIGIN Earliest Latest
RETALIATION XX AGEDISABILITYOTHER (Specif	y below.) XX CONTINUING ACTION *
	June 2014 to present
THE PARTICULARS ARE (If additional paper is needed, attached My direct supervisor has fast tracked attermination without just cause. All other least 11 years younger and all have received extended over the past 2 years and not be to this two week training session. I have from the younger employees. In addition work environment. I am the oldest employeemployee in my division with a college design motivated by race, age and gender.	and targeted me for demotion and/or er employees in mu unit are at ived training. I have not. I have been granted an opportunity to go we received disparaging treatment , my boss has created a hostile yee in my unit and the only
I want this charge filed with both the EEOC and the State or local Agency if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements When Market Lighter
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the Abuna harge and that it is true to the best of my knowled Edya frotion and belief. SIGNATURE OF COMPLANANT SIGNATURE
Date Charging Party Signature	SUBSCRIBED AND SWORN TO EDFORTUME, THE COTE (month, day, year)

^{*} Amended Complaint - original submitted 11/4/16.

Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 7 of 15



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information
Last Name: Croley First Name: Anna MI:
Street or Mailing Address: 7793 The Lakes Drive Apt Or Unit #:
City: Fairburn County: Fulton State: GA ZIP: 30213
Phone Numbers: Home: (770) 629–2800 Work: (678) 763–9346
Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com
Date of Birth: Sex: Male Female XX Do You Have a Disability? Yes XXNo
Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes XXNo
ii. What is your Race? Please choose all that apply. American Indian or Alaska Native Asian White
Black or African American Native Hawaiian or Other Pacific Islander
iii. What is your National Origin (country of origin or ancestry)? USA
Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:
Name: Gilbert Croley Relationship: Husband
Address: 7793 The Lakes Drive City: Fairburn State: GA Zip Code: 30213
Home Phone: (770) 629-2800 Other Phone: (770) 298-3220
2. I believe that I was discriminated against by the following organization(s): (Check those that apply) [XX Employer
XX Employer Union Employment Agency Other (Please Specify)
Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.
Organization Name: United Airlines
Address: 233 S. Wacker Drive County:
City: <u>Chicago</u> State: <u>IL</u> Zip: Phone: (872) 825-4000
Type of Business: Airline Job Location if different from Org. Address: 3400 N. Inner Loop Rd; A
Human Resources Director or Owner Name: Mike Bonds Phone: (872) 825-6565
Number of Employees in the Organization at All Locations: Please Check (1) One
Fewer Than 15 15 - 100 101 - 200 201 - 500 XX More than 500
3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? Yes XNo
Date Hired: 9/25/2000 Job Title At Hire: Airport Service Agent
Pay Rate When Hired: \$8 35/hr Last or Current Pay Rate: \$61,0000, applied by
Job Title at Time of Alleged Discrimination in all Performance Supervisor n/a
Name and Title of Immediate Supervisor: Chris Ward

failures as Atlanta.

Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 9 of 15

	r situation as you, who was treated worse than you?
A. <u>Full Name</u> N/A	Race. sex, age, national origin, religion or disability Job Title
Description of Treatment	
B. <u>Full Name</u>	Race. sex. age, national origin, religion or disability Job Title
Description of Treatment	
Of the persons in the same or simila	ar situation as you, who was treated the same as you?
A. <u>Full Name</u> N/A	Race, sex, age, national origin, religion or disability Job Title
Description of Treatment	
B. <u>Full Name</u>	Race, sex, age, national origin, religion or disability Job Title
Description of Treatment	
10. What is the disability that you lor limit you from doing anything?	I do not have a disability now but I did have one No disability but the organization treats me as if I am disabled Delieve is the reason for the adverse action taken against you? Does this disability preven (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).
Yes No No	d equipment or anything else to lessen or eliminate the symptoms of your disability?
2. Did you ask your employer for	any changes or assistance to do your job because of your disability?
f "YES", when did you ask?	How did you ask (verbally or in writing)?
Who did you ask? (Provide full name	
Describe the changes or assistance t	hat you asked for:

How did your employer respond to your request?

Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 10 of 15

4

A. Full Name Aman Mehro	7	A TANK OF TANK AT 1
	Job Title	Address & Phone Number
Aman Menic	ok Manager Car	go JFK (718) 709-0225
What do you believe	this person will tell us?	
Not sure.		
B. Full Name	Job Title	Address & Phone Number
What do you believe	this person will tell us?	
14. Have you filed a	charge previously in this matter with	EEOC or another agency? Yes No XX
15. If you have filed	a complaint with another agency, pro-	vide name of agency and date of filing:
 Have you sought Provide name of organ 	t help about this situation from a union nization, name of person you spoke with a	a, an attorney, or any other source? Yes No XX and date of contact. Results; if any?
questionnaire. If you	a would like to file a charge of job discrir on, or within 300 days from the day you government agency enforces laws simila	Id like us to do with the information you are providing on this mination, you must do so either within 180 days from the day you knew knew about the discrimination if the employer is located in a place r to the EEOC's laws. If you do not file a charge of discrimination
where a state or local position of the time limits concerns about EEO	s, you will lose your rights. If you wou C's notifying the employer, union, or e a charge, you should check Box 2.	ld like more information before filing a charge or you have employment agency about your charge, you may wish to check Box
where a state or local position the time limits concerns about EEO 1. If you want to file Box 1	C's notifying the employer, union, or e a charge, you should check Box 2. talk to an EEOC employee before decidi	Id like more information before filing a charge or you have imployment agency about your charge, you may wish to check Box ng whether to file a charge. I understand that by checking this box, I
where a state or local position the time limits concerns about EEO 1. If you want to file Box 1 I want to have not be understan winformation discriming	C's notifying the employer, union, or eacharge, you should check Box 2. talk to an EEOC employee before decidifiled a charge with the EEOC. I also un file a charge of discrimination, and I autled that the EEOC must give the employ ion about the charge, including my na	Id like more information before filing a charge or you have imployment agency about your charge, you may wish to check Box ng whether to file a charge. I understand that by checking this box, I
where a state or local position the time limits concerns about EEO 1. If you want to file Box 1 I want to have not be understan winformation discriming	C's notifying the employer, union, or eacharge, you should check Box 2. talk to an EEOC employee before decidifiled a charge with the EEOC. I also un file a charge of discrimination, and I autid that the EEOC must give the employ ion about the charge, including my na ation based on race, color, religion, sex,	Id like more information before filing a charge or you have employment agency about your charge, you may wish to check Box on may whether to file a charge. I understand that by checking this box, I derstand that I could lose my rights if I do not file a charge in time thorize the EEOC to look into the discrimination I described above. I ser, union, or employment agency that I accuse of discrimination me. I also understand that the EEOC can only accept charges of job

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).

2. AUTHORITY, 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a), 42 USC §2000ff-6.

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4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.

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used to provide the requested information.

EEOC Form 5 (5/01)			
CHARGE OF DISCRIMINATION	Charge Prese	ented to: Agen	cy(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	FEPA X EEOC		
	1 X FEOC		
		and EEOC	
Name (indicate Mr. Ms. Mrs.) State or local Agency		1.1.0.1.	Date of Birth
	Home Phone (Inc		8/3/63
Street Address City, State and ZII	(0) 629-280	70	0/3/03
7793 The Lakes Drive Fairburn, C	•		
Named is the Employer, Labor Organization, Employment Agency, Appre That I believe Discriminated Against Me or Others. (If more than two, list	nticeship Committe	ee, or State or Loc	al Government Agency
	mployees, Membe		. (Include Area Code)
• •	000+		825-4000
Street Address City, State and ZII		1 (0,2)	
233 South Wacker Drive Chicago,	L		
Name No. E	mployees, Membe	ers Phone No	. (Include Area Code)
Street Address City, State and ZI	² Code		
DISCRIMINATION BASED ON (Check appropriate box(es).)	Ę		INATION TOOK PLACE Latest
$\overline{x}\overline{x}$ RACE $\underline{\hspace{0.4cm}}$ COLOR $\overline{x}\overline{x}$ SEX $\underline{\hspace{0.4cm}}$ RELIGION $\underline{\hspace{0.4cm}}$ NATIONAL C	RIGIN 6	5/2014	
RETALIATION XXAGEDISABILITYOTHER (Specif	r below.)	XX CONTINUING	ACTION **
THE PARTICULARS ARE (If additional paper is needed, attached	extra sheet(s)):		
I returned to work on December 5, 2016 I met with my supervisor, Chris Ward, Performance Improvement Program and suthat same day.	and was pr	resented a	review of the
	2000		The state of the s
	Assessed from the second	AN 2 4 2017	/ }
•	Section for the section of the secti	EOG-ATDO	
want this charge filed with both the EEOC and the State or local Agency fany. I will advise the agencies if I change my address or phone numbe and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – W Requirements		F State and Local Agency
declare under penalty of perjury that the above is true and correct.	that it is true t belief.	irm that I have to the best of no	chie above charge and knowledge, information a
1/23/17 Charging Party Signature	SUBSCRIBED (month, day,		COUNTY BEFORE ME THIS DATE



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information	
Last Name: Croley First Name: Anna MI:	
Sirect of Maning Address: 1793 The Lakes Drive	
City: Fairburn County: Fulton State: GA ZIP: 30213 Phone Numbers: Home: (770) 629-2800	
Phone Numbers: Home: (770) 629–2800 Work: (678) 763–9346	
Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com	
OCA. Male Female VV Do Vou Hove a Directiffing Tive The	
reads another each of the next three questions.	
ii. What is your Race? Please choose all that apply. American Indian or Alaska Native Asian White	
Black or African American Native Hawaiian or Other Pacific Islander	
iii. What is your National Origin (country of origin or ancestry)? USA Please Provide The Name Of A Person We Can Contact Livy	
Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:	
Name: Gilbert Croley Relationship: Husband Address: 7793 The February Relationship: Husband	
- 775 THE Lakes Drive City Painham	
Home Phone: (770) 629-2800 Other Phone: (770) 298-3220	
2. I believe that I was discriminated against by the following organization(s): (Check those that apply) [XX Employer	
Other (Please Specify)	
Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach	
Organization Name: United Airlines	
Address: 233 S. Wacker Drive County:	
City: Chicago State: IL Zip: Phone: (872) 825-4000 Type of Business: Airline International State: The County:	
1007 LOCATION of different Co., O. A. C.	
Human Resources Director or Owner Name: Mike Bonds Number of Employees in the Organization at All Locations: Please Charlet (1) C	ĽL.
The Book totto, I tease the second to the second totto.	
15 - 100 [101 - 200 [201 - 500 [XX More than 500	
3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? Yes XNo	
Date Hired: 9/25/2000 Job Title At Hire:	
The state of the s	
- stringer Dischinnation Fortal Thirothatice Supervisor	
Name and Title of Immediate Supervisor: Chris Ward	

4. What is the reason (Lusis) for your claim of employment diverimination? FOR EXAMPLE, if you feel that you were treated wrose than someone else because of race, you should check the box next is Race. If you feel you were needed more for several reasons, such as your sex, religion and mational origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and anegative action was threatened or taken, you should check the box next to Retalistion. ***X**Race	If Job Applicant, Date You Applie	d for Job Job Title Applied For	2
Separate testing	4. What is the reason (basis) for FOR EXAMPLE, if you feel that yo you feel worse for you complained about discriminate	your claim of employment discrimination? "were treated worse than someone else because of race several reasons, such as your sex, religion and national	, you should check the box next to Race. If
If you checked color, religion or national origin, please specify: If you checked genetic information, how did the employer obtain the genetic information? Other reason (basis) for discrimination (Explain). 5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and the name(s) and title(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) and the name(s) of harm, the action(s), and the name(s) and title(s) of harm, the action(s), and the name(s) of harm, the action(s) of harm, the action(s) and the name(s) of harm, the action(s) of harm, the action(s) of harm, the action of harm, the action(s) of harm, the act	XRace XSex XAge ☐ Di	sability National Origin Religion Retaliati	on Pregnancy Color (typically a
If you checked color, religion or national origin, please specify: If you checked genetic information, how did the employer obtain the genetic information? Other reason (basis) for discrimination (Explain). 5. What happened to you that you believe was discriminated against you. Please attach additional pages if needed. (Example: 100206 - Discharged by Mr. John Soto, Production Supervisor) A) Date: 6/7/16	i. genetic testing Dii family	Genetic Information; choose which type(s) of genetic information is involved:
Other reason (basis) for discrimination (Explain). 5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed. (Example: 102006 - Discharged by Mr. John Soto, Production Supervisor) A) Date: 6/7/16	If you checked color religion or pe	ineuteal fistory [] III. genetic services (genetic services	es means counseling, education ortesting)
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title(s) of the person(s) who you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and (Example: 100/206 - Discharged by Mr. John Soto, Production Supervisor) A) Date: 6/7/16 Action: PTP Name and Title of Person(s) Responsible: Chris Ward B) Date: 9/27/16 Action: Extended PTP Name and Title of Person(s) Responsible: Chris Ward 6. Why do you believe these actions were discriminatory? Please attach additional pages if needed. Held to different standards than other peers. 7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title? Not meeting company standards. 8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals; if known, and if it relates to your claim of discrimination, provide the sex of each person; in the same or similar situation as you, who was treated better than you? A. Eull Name Vince Yanak Base, sex, age, national origin, religion or disability to make metrics When he didn't make metrics Race, sex, age, national origin, religion or disability Male Description of Treatment Manager defended Vince's inability Manager Cargo Description of Treatment Proposed to my manager, and his extention has been able to a soft in the same provided to the proposed to my manager, and his extention has been able to a soft in the same proposed to my manager, and his extention has been able to a soft in the same provided to a graph of the proposed to my manager, and his extention has been able to a soft in the same provided to a graph of the proposed to my manager, and his extention has been able to a soft in the same provided to a graph of the soft in the same provided to a graph of the soft in the same provided to a graph of the soft in the same provided to a graph		now and the employer obtain the genetic information?	
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Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 14 of 15

/	Race, sex, age, national origin, religion or disability	Job Title
N/A		
Description of Treatment		
B. Full Name	Race, sex. age, national origin, religion or disability	Job Title
Description of Treatment		
Of the persons in the same or	similar situation as you, who was treated the same as you?	
A. <u>Full Name</u> N/A	Race, sex, age, national origin, religion or disability	
Description of Treatment		
B. <u>Full Name</u>	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		
•	•	•
Answer questions 9-12 <u>only</u> if You have more than one disab D. Please check all that appl	you are claiming discrimination based on disability. If no ility. Please add additional pages if needed. y: Yes, I have a disability	t, skip to question 13. Please tell us il
 Please check all that appl <	v.	lid have one ts me as if I am disabled
9. Please check all that appl 0. What is the disability that r limit you from doing anyth 1. Do you use medications, n Yes \(\) No \(\)	You believe is the reason for the advanced in needed. Yes, I have a disability I do not have a disability now but I do No disability but the organization treates.	lid have one ts me as if I am disabled inst you? Does this disability preven urself, working, etc.).
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How did your employer respond to your request?

Case 1:17-cv-04722-ELR-JFK Document 1-1 Filed 11/22/17 Page 15 of 15

A. Full Name	nal pages if needed to complete your re Job Title	Address & Phone Number
Aman Mehrok	Manager CArgo	JFK (718) 709-0225
What do you believe this perso	on will tell us?	
Not sure.		
B. Full Name	Job Title	Address & Phone Number
What do you believe this perso	n will tell us?	
14. Have you filed a charge p	reviously in this matter with EEOC or	another agency? Yes NXX
	int with another agency, provide name	
	and anomes agency, provide name	of agency and date of fining.
6. Have you sought halo abo		
Provide name of organization of	ut this situation from a union, an attor	ney, or any other source? Yes NoxX
Provide name of organization, no	ut this situation from a union, an attor ame of person you spoke with and date o	ney, or any other source? Yes Noxx
Provide name of organization, no	ut this situation from a union, an attor ame of person you spoke with and date o	ney, or any other source? Yes NoxX
rovide name of organization, na	ame of person you spoke with and date o	f contact. Results, if any?
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rovide name of organization, no Please check one of the boxes I Juestionnaire. If you would lik	ame of person you spoke with and date o yelow to tell us what you would like us te to file a charge of job discrimination, y	f contact. Results, if any? to do with the information you are providing on this you must do so either within 180 days from the day you knew
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PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).

2. AUTHORITY, 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.

3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.

4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be

used to provide the requested information.